

AFFIDAVIT OF SERVICE

Index #: 08 CIV 5062

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Date Purchased: June 3, 2008

COUNTY

Date Filed:

Court Date:

ATTORNEY(S): SEAN C. SHEELY ESQ. : HOLLAND & KNIGHT LLP PH: 212-513-3200

ADDRESS: 195 BROADWAY NEW YORK NY 10007 File No.:

THE DISTRICT DENTAL SOCIETY OF THE FIRST JUDICIAL DISTRICT, D/B/A THE NEW YORK COUNTY

vs.

Plaintiff(s)/Petitioner(s)

THE NEW YORK COUNTY DENTAL ASSOCIATION, INC., et al.,

Defendant(s)/Respondent(s)

STATE OF NEW YORK, COUNTY OF NASSAU

SS.:

HARRY TORRES, being duly sworn deposes and says: Deponent is not a party herein, is over 18 years of age and resides in New York State. On June 20, 2008 at 3:00 PM at 630 FIFTH AVENUE STE 1809 NEW YORK, NEW YORK 10111, deponent served the within

Summons In A Civil Action and Complaint

with Index Number 08 CIV 5062, and Date Purchased June 3, 2008 endorsed thereon, on: **ROBERT RAIBER**, **Defendant** therein named.

- #1 INDIVIDUAL ☒ By delivering a true copy of each to said recipient personally; deponent knew the person served to be the person described as said person therein.
- #2 CORPORATION ☐ By delivering to and leaving with _____ and that deponent knew the person so served to be Managing Agent of the corporation, and authorized to accept service on behalf of the corporation.
- Service was made in the following manner after your deponent was unable, with due diligence, to serve the witness/defendant in person, and an attempt to locate the defendant's place of employment.*
- #3 SUITABLE AGE PERSON ☐ By delivering a true copy of each to _____ a person of suitable age and discretion. Said premises is recipient's ☐ actual place of business ☐ dwelling house (usual place of abode) within the state.
- #4 AFFIXING TO DOOR ☐ By affixing a true copy of each to the door of said premises, which is recipient's: ☐ actual place of business ☐ dwelling house (place of abode) within the state.
- #5 MAIL COPY ☐ On _____, deponent completed service under the last two sections by depositing a copy of the _____ to the above address in a 1st Class postpaid properly addressed envelope marked "Personal and Confidential" in an official depository under the exclusive care and custody of the United States Post Office in the State of New York. Certified Mail No. _____
- Deponent was unable, with due diligence to find recipient or a person of suitable age and discretion, having called thereat on the _____ day of _____ at _____
- on the _____ day of _____ at _____
- on the _____ day of _____ at _____
- on the _____ day of _____ at _____
- #6 NON-SRVC ☐ After due search, careful inquiry and diligent attempts, I have been unable to effect process upon the person/entity being served because of the following: ☐ Unknown at Address ☐ Evading ☐ Moved left no forwarding ☐ Address does not exist ☐ Other: _____
- #7 DESCRIPTION ☒ A description of the Defendant, or other person served, or spoken to on behalf of the Defendant is as follows:
Sex Male Color of skin White Color of hair Brown Age 51 - 65 Yrs. Height 5' 4" - 5' 8"
(use with #1, 2 or 3) Weight 131 - 160 Lbs. Other Features: _____
- #8 WIT. FEES ☐ the authorized witness fee and / or traveling expenses were paid (tendered) to the recipient.
- #9 MILITARY SRVC ☒ Deponent asked person spoken to whether the defendant was presently in military service of the United States Government or of the State of New York and was informed that defendant was not.
- #10 OTHER ☐

Sworn to before me on this 26 day of June, 2008

BARBARA A. SHURGIN
NOTARY PUBLIC, State of New York
No. 30-5004737, Qualified in Nassau County
Commission Expires November 23, 2010

HARRY TORRES
Server's Lic # 0915257

Invoice•Work Order # 0825130

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Southern

District of

New York

THE DISTRICT DENTAL SOCIETY OF THE
FIRST JUDICIAL DISTRICT, D/B/A THE
NEW YORK COUNTY DENTAL SOCIETY

SUMMONS IN A CIVIL ACTION

V. Plaintiffs,

THE NEW YORK COUNTY DENTAL ASSOCIATION,
INC., ELLIOTT MOSKOWITZ,
MELVYN LEIFERT, and ROBERT RAIBER

CASE NUMBER:

Defendants.

08 CIV 50627

TO: (Name and address of Defendant)

New York County
Dental Association
11 Fifth Ave.
New York, NY 10003

Dr. Elliott Moskowitz
11 Fifth Avenue
New York, New York 10003

Dr. Robert Raiber
630 Fifth Ave., Ste. 1809
New York, NY 10111

Dr. Melvyn Leifert
30 Fifth Avenue
New York, NY 10011

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Sean C. Sheely
HOLLAND & KNIGHT LLP
195 Broadway
New York, New York 10007

an answer to the complaint which is served on you with this summons, within _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

J. MICHAEL McMAHON

CLERK

(By) DEPUTY CLERK

DATE

JUN 03 2008